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PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Henry Edward Dikeman
AN ALLEGED INSANE PERSON.

To the Hon. F. T. Nilon *Judge of the Superior Court of the County of* Nevada,

The petition of S. H. Dikeman respectfully shows:

1. That he is a resident of the Township of Rough and Ready, in the county of Nevada,

~~and is~~ (~~if petition is made by a public officer, so state, and of what county, city or town~~)

2. That he is (if petition is made by a friend, so state; if by a relative, state relationship) the father

of Henry Edward Dikeman, the alleged insane person.

3. That the said alleged insane person resides ~~or~~ and now is at the house of petitioner

at Rough and Ready, county of Nevada.

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to h..... which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said Henry Edward Dikeman talks and acts in an irrational manner; imagines he owns his father's property and that his father has no right here; talks and chuckles at random; particularly at night; has acted with violence towards his father.

Discharged on agreement to go to private sanitarium. F. T. Nilon Judge. Apr 19, 1901.

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing h.. commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing h.. to the Napa State Hospital

(It is essential that the official title of the institution should be correctly inserted.)

Dated April 17, 1901.

S. H. Dikeman

~~No~~ Rough and Ready ~~Street~~.

County of Nevada.

(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

S. H. Dikeman, being duly sworn, deposes and says that... he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters.... he believes it to be true.

S. H. Dikeman
(Petitioner's signature.)

Subscribed and sworn to before me, this 17th day of April, 1901.

F. T. Nilon
Judge of the Superior Court, Nevada Co., Cal.

Certificate of Judge Relating to Personal Service.

Before the Hon....., Judge of the Superior Court of .....County,

on the.....day of....., 190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: .....

.....

Judge of the Superior Court of .....

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of ..... } *ss.*

STATEMENT OF FACTS.

1. Name ..... ; Patient resides at ....., County of ..... ;

Age, ... years, Nativity, ... ; If foreign born, how long in United States .....

How long in California, ... ; Sex, ... ; Color, ... ; Occupation .....

Religious belief, ... ; Education (illiterate, reads only, common school, academic, collegiate, or unknown);
(Strike out words not required.)

Civil condition (single, married, widowed, divorced); if female and married, give maiden name, ...
(Strike out words not required.)

number of children living ..... ; dead .....

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? .....

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? ..... ; if so, how, ...

.....

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? .....

4. Which parent does the patient resemble mentally, ... ; physically, ... ; Habits of patients (cleanly or uncleanly) ..... ; (*a*) What degree of intelligence does ... he possess in comparison with other members of the family, ... ; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? ..... ; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? ..... if so, for how long? ..... ; (*d*) Has the patient ever had convulsions? ..... ; if so, when did .... he have the first one; ..... ; when the last one? ..... ; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? ..... ; (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, ... ; (*g*) What is the patient's natural disposition, or temperament and mental capacity? .....

5. Has the patient insane relatives? ....., if so, state the degree of consanguinity, whether paternal or maternal, ...

.....

6. Has the patient any peculiarities of temper or disposition, making h .... different from other members of the family? .....

.....

7. What is the patient's general physical condition? .....

8. Specify any disease of which patient has suffered or does suffer, or any injury received, ...

9. Has the patient ever been an inmate of an institution for the insane? ..... ; if so, state when, ... ; Where, ... ; How long an inmate, ... ; Whether discharged recovered or otherwise, ... (*a*) Number of previous attacks, ... (*b*) Date of previous attacks, ... ; (*c*) Length of time each previous attack lasted, ...

10. Present attack began ..... ; (*a*) Was the present attack gradual or rapid in its onset? .....

(*b*) When was any change in h ... habits, conversation or mode of living first noticed? .....

(*c*) Give progress of development of the disease from date of first manifestation to present time, ...

11. Is the patient noisy, restless, violent, dangerous, destructive, incendiary, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened, it should be so stated) .....

.....

12. Age when menses appeared, ... ; (*a*) Amount and character before insanity appeared, ...

..... ; (*b*) Since insanity appeared, ...

(*c*) Has menstruation been painful? ..... ; Is it now painful? .....

13. Has the change of life taken place? ..... ; (*a*) Was it gradual or sudden? .....

(*b*) Give symptoms, ...

(*c*) How changed from normal, ... ; (*d*) Memory, ... ; (*e*) Sleep, ...

(*f*) Headache or neuralgia, ... ; (*g*) Constipation or indigestion, ...

14. What is the supposed cause of insanity?—Predisposing, ...

Exciting, ...

We, ..., a legal resident of ..... County of ....

State of California, and ...., a legal resident of ..... County of .....

and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the ..... day of ..... 190..

....., ... now residing or being at ....

in the County of ....., and as a result of such joint examination find, and hereby certify to the fact, that .... he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners).....

.....

.....

.....

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner).....

.....

.....

.....

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health).....

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Illusions.....

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Hallucinations (whether of sight, hearing, taste or smell) .....

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Delusions (character of; are they fixed or changeable),.....

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(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not).....

.....

(*b*) Whether patient has been restrained by muff, belt or otherwise, ...

DIAGNOSIS,.....

Name and address of correspondent,.....

Telegraphic address,.....

Relationship of correspondent to patient,.....

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

.....M, D.

.....M. D.

Severally subscribed and sworn to before me, this.....day of..... .....190.....

.....

.....

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon..... ....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF

.....

AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....

and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....

....., at the.....of.....

on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:

.....of.....

.....of.....

.....

Judge of the Superior Court of.....

4

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of .....for an order of commitment of the said person to an institution for the custody and treatment of the insane on the .....day of ..... and testimony having been taken as required by law, I do hereby decide that the said ..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the .....day of ....., 190....

.....

Judge of the Superior Court of .....

ORDER OF COMMITMENT

Before the Hon ....., Judge of the Superior Court, County of ..... on the .....day of ....., 190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

Upon the petition of ....., dated .....190.., and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the .....day of .....190.... and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said .....be and hereby is adjudged insane, and that....he be committed to .....an institution for the custody and treatment of the insane.
(*Insert, correctly, official title of institution.*)

.....

Judge of the Superior Court of .....

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for h....maintenance. (*See Section....*)

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Judge of the Superior Court of .....

Filed for Record at request of ..... A. D. 190...., at .....min. past .....o'olock.....M.

.....Recorder.

By ..... Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Mrs Susan McGrath
AN ALLEGED INSANE PERSON.

To the Hon. F. T. Nilon Judge of the Superior Court of the County of Nevada

The petition of James McCaffery respectfully shows:

1. That he is a resident of the City of Grass Valley, in the county of Nevada

~~and is (if petition is made by a public officer, so state, and of what county, city or town)~~

2. That he is (if petition is made by a friend, so state; if by a relative, state relationship) second cousin by marriage of Mrs Susan McGrath, the alleged insane person.

3. That the said alleged insane person resides ~~or now is~~ at the house of herself and former husband at Grass Valley, county of Nevada

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to him which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said Susan McGrath for more than a year has talked and acted in an irrational manner. She has been very neglectful of her children, frequently has just them to bed with their clothes on and allowed them out in cold stormy weather without shoes and without proper raiment. She also believes in witchcraft. Also — Imagines men come into her yard and watch her.

Her husband died as a result of an accident a few days ago. She would not believe he was dead and refused persistently to go into the room to see his corpse, she saying that the people were trying to deceive her.

Discharged on showing
F. T. Nilon
Judge.
Apr. 25/1901.

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing her commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing her to the Napa State Hospital
(It is essential that the official title of the institution should be correctly inserted.)

Dated April 24th, 1901.

James McCaffery
No Grass Valley ~~Street~~
County of Nevada
(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

James McCaffery, being duly sworn, deposes and says that he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters he believes it to be true.

James McCaffery
(Petitioner's signature.)

Subscribed and sworn to before me, this 24th day of April, 1901.

F. T. Nilon
Judge of the Superior Court

Certificate of Judge Relating to Personal Service.

Before the Hon. ....., Judge of the Superior Court of ..... County,

on the ..... day of ....., 190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: .....

.....

.....

.....

.....

Judge of the Superior Court of .....

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of ..... } *ss.*

STATEMENT OF FACTS.

1. Name ..... ; Patient resides at ....., County of ..... ;

Age, ... years, Nativity, ... ; If foreign born, how long in United States .....

How long in California, ... ; Sex, ... ; Color, ... ; Occupation .....

Religious belief, ... ; Education (illiterate, reads only, common school, academic, collegiate, or unknown);
(Strike out words not required.)

Civil condition (single, married, widowed, divorced); if female and married, give maiden name, ...
(Strike out words not required.)

number of children living ..... ; dead .....

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? .....

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? ..... ; if so, how, ...

.....

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? .....

4. Which parent does the patient resemble mentally, ... ; physically, ... ; Habits of patients (cleanly or uncleanly) ..... ; (*a*) What degree of intelligence does ... he possess in comparison with other members of the family, ... ; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? ..... ; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? ..... if so, for how long? ..... ; (*d*) Has the patient ever had convulsions? ..... ; if so, when did .... he have the first one; ..... ; when the last one? ..... ; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? ..... ; (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, ... ; (*g*) What is the patient's natural disposition, or temperament and mental capacity? .....

5. Has the patient insane relatives? ....., if so, state the degree of consanguinity, whether paternal or maternal, ...

.....

6. Has the patient any peculiarities of temper or disposition, making h .... different from other members of the family? .....

.....

7. What is the patient's general physical condition? .....

8. Specify any disease of which patient has suffered or does suffer, or any injury received, ...

9. Has the patient ever been an inmate of an institution for the insane? ..... ; if so, state when, ... ; Where, ... ; How long an inmate, ... ; Whether discharged recovered or otherwise, ... (*a*) Number of previous attacks, ... (*b*) Date of previous attacks, ... ; (*c*) Length of time each previous attack lasted, ...

10. Present attack began ..... ; (*a*) Was the present attack gradual or rapid in its onset? .....

(*b*) When was any change in h ... habits, conversation or mode of living first noticed? .....

(*c*) Give progress of development of the disease from date of first manifestation to present time, ...

11. Is the patient noisy, restless, violent, dangerous, destructive, incendiary, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened, it should be so stated) .....

.....

12. Age when menses appeared, ... ; (*a*) Amount and character before insanity appeared, ...

..... ; (*b*) Since insanity appeared, ...

(*c*) Has menstruation been painful? ..... ; Is it now painful? .....

13. Has the change of life taken place? ..... ; (*a*) Was it gradual or sudden? .....

(*b*) Give symptoms, ...

(*c*) How changed from normal, ... ; (*d*) Memory, ... ; (*e*) Sleep, ...

(*f*) Headache or neuralgia, ... ; (*g*) Constipation or indigestion, ...

14. What is the supposed cause of insanity?—Predisposing, ...

Exciting, ...

We, ..., a legal resident of ..... County of .....

State of California, and ....., a legal resident of ..... County of .....

and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the ..... day of ..... 190.. ....., ... now residing or being at ..... in the County of ....., and as a result of such joint examination find, and hereby certify to the fact, that .... he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners).....

.....

.....

.....

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner).....

.....

.....

.....

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health).....

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.....

Illusions.....

.....

Hallucinations (whether of sight, hearing, taste or smell) .....

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Delusions (character of; are they fixed or changeable),.....

.....

.....

.....

(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not).....

.....

(*b*) Whether patient has been restrained by muff, belt or otherwise, ...

DIAGNOSIS,.....

Name and address of correspondent,.....

Telegraphic address,.....

Relationship of correspondent to patient,.....

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

.....M, D.

.....M. D.

Severally subscribed and sworn to before me, this.....day of..... .....190.....

.....

.....

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon..... ....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF

.....

AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....

and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....

...., at the.....of.....

on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:

.....of.....

.....of.....

.....

Judge of the Superior Court of.....

8

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of.....for an order of commitment of the said person to an institution for the custody and treatment of the insane on the.....day of..... and testimony having been taken as required by law, I do hereby decide that the said..... ..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the.....day of....., 190....

.....

Judge of the Superior Court of.....

ORDER OF COMMITMENT

Before the Hon....., Judge of the Superior Court, County of..... on the.....day of....., 190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

Upon the petition of....., dated.....190... and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the.....day of.....190.... and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said.....be and hereby is adjudged insane, and that....he be committed to.....an institution for the custody and treatment of the insane.
(*Insert, correctly, official title of institution.*)

.....

Judge of the Superior Court of.....

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for h....maintenance. (*See Section....*)

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.....

Judge of the Superior Court of.....

Filed for Record at request of..... A. D. 190...., at.....min. past.....o'olock.....M.

.....Recorder.

By..... .....Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
John Wallace
AN ALLEGED INSANE PERSON.

To the Hon. F. T. Nilon Judge of the Superior Court of the County of Nevada

The petition of F. J. Conlan respectfully shows:

1. That he is a resident of the City of Nevada, in the county of Nevada and is (if petition is made by a public officer, so state, and of what county, city or town)

2. That he is (if petition is made by a friend, so state; if by a relative, state relationship) Assistant Superintendent of County Hospital, ~~the alleged insane~~ person.

3. That the said alleged insane person resides or now is at the ~~house of~~ County Hospital at Nevada City, county of Nevada

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to h~~im~~ which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said John Wallace acts and talks in an irrational manner. Imagines that the Vigilance Committee desire to hang him and that she was hanged once

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing h~~im~~ commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing h~~im~~ to Stockton State Hospital at Stockton California
(It is essential that the official title of the institution should be correctly inserted.)

Dated June 6th, 1901.

F. J. Conlan
No. — Street.
Nevada City
County of Nevada
(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

F. J. Conlan, being duly sworn, deposes and says that he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters he believes it to be true.

F. J. Conlan
(Petitioner's signature.)

Subscribed and sworn to before me, this 6th day of June, 1901.

F. L. Arbogast
County Clerk

Certificate of Judge Relating to Personal Service.

Before the Hon. F. T. Nilon, Judge of the Superior Court of Nevada County, on the 6th day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
John Wallace
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: Said John Wallace has no relatives, so far as I can learn, residing in the county of Nevada.

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

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CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of Nevada } ss.

STATEMENT OF FACTS.

1. Name John Wallace; Patient resides at County Hospital, County of Nevada;
Age, 42 years, Nativity, Scotland; If foreign born, how long in United States Twenty years
How long in California, Twenty years; Sex, male; Color, ; Occupation Sailor
Religious belief, Dont Know; Education (~~illiterate~~, ~~reads~~ only, ~~common~~ school, ~~academic, collegiate, or unknown~~);
(Strike out words not required.)
Civil condition (single, ~~married, widowed, divorced~~); if female and married, give maiden name,
(Strike out words not required.)
number of children living ; dead

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? Dont Know

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? Dont Know; if so, how,

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? Dont Know

4. Which parent does the patient resemble mentally, Dont Know; physically, ; Habits of patients (cleanly or uncleanly) Uncleanly; (*a*) What degree of intelligence does he possess in comparison with other members of the family, Dont Know; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? No; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? Dont Know if so, for how long? ; (*d*) Has the patient ever had convulsions? Yes Convulsion if so, when did he have the first one; Three years ago; when the last one? About Two Years ago; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? Dont Know (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, Intemperate; (*g*) What is the patient's natural disposition, or temperament and mental capacity? Dont Know

5. Has the patient insane relatives? Dont Know if so, state the degree of consanguinity, whether paternal or maternal,

6. Has the patient any peculiarities of temper or disposition, making his different from other members of the family? Dont Know

7. What is the patient's general physical condition? Strong Good

8. Specify any disease of which patient has suffered or does suffer, or any injury received, Syphiles

9. Has the patient ever been an inmate of an institution for the insane? Dont Know; if so, state when,; Where, ; How long an inmate, ; Whether discharged recovered or otherwise, (*a*) Number of previous attacks, (*b*) Date of previous attacks, ; (*c*) Length of time each previous attack lasted,

10. Present attack began Three Months ago; (*a*) Was the present attack gradual or rapid in its onset? Gradual (*b*) When was any change in his habits, conversation or mode of living first noticed? Three months ago (*c*) Give progress of development of the disease from date of first manifestation to present time, Increasing

11. Is the patient noisy, restless, violent, dangerous, destructive, incendiary, excited or ~~depressed~~, homicidal or ~~suicidal~~? (If either homicide or suicide has been attempted or threatened, it should be so stated)

12. Age when menses appeared, ; (*a*) Amount and character before insanity appeared, ; (*b*) Since insanity appeared, ; (*c*) Has menstruation been painful? ; Is it now painful?

13. Has the change of life taken place? ; (*a*) Was it gradual or sudden? (*b*) Give symptoms, (*c*) How changed from normal, ; (*d*) Memory, ; (*e*) Sleep, (*f*) Headache or neuralgia, ; (*g*) Constipation or indigestion,

14. What is the supposed cause of insanity?—Predisposing, Syphilis
Exciting, Syphilis

We, J. M. Hewett, a legal resident of Nevada City County of Nevada State of California, and A. L. Maddux, a legal resident of Nevada City County of Nevada and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the 6th day of June 1901 John Wallace now residing or being at County Hospital in the County of Nevada, and as a result of such joint examination find, and hereby certify to the fact, that he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners).....

Says they are trying to hang him

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner).....

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health).....

Illusions.....

Hallucinations (whether of sight, hearing, taste or smell).....

Delusions (character of; are they fixed or changeable),.....

Fixed

(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not).....Opiates Anti Syphelitic Treatment

(*b*) Whether patient has been restrained by muff, belt or otherwise, Restrained by Straight Jackets

DIAGNOSIS,.....Maniac

Name and address of correspondent,.....D.B. Getchell, Sheriff, Nevada City, Cal

Telegraphic address,.....D.B. Getchell

Relationship of correspondent to patient,.....Spouse

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

R M Hewitt M, D.

C L. Mullen M. D.

Severally subscribed and sworn to before me, this 6th day of June 190..

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....

and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....

....., at the.....of.....

on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:

.....of.....

.....of.....

.....

Judge of the Superior Court of.....

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
John Wallace
AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of F. J. Conlan for an order of commitment of the said person to an institution for the custody and treatment of the insane on the 6th day of June, and testimony having been taken as required by law, I do hereby decide that the said ..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the ..... day of ....., 190....

.....

Judge of the Superior Court of .....

ORDER OF COMMITMENT

Before the Hon F. T. Nilon, Judge of the Superior Court, County of Nevada on the 6th day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
John Wallace.
AN ALLEGED INSANE PERSON.

Upon the petition of F. J. Conlan, dated June 6th 1901, and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the 6th day of June 1901, and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said John Wallace be and hereby is adjudged insane, and that he be committed to Stockton State Hospital an institution for the custody and treatment of the insane.
(Insert, correctly, official title of institution.)

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for h....maintenance. (*See Section....*)

Said John Wallace is not able to bear the expenses of his maintenance in a State hospital. I cannot learn that he has any relatives in this State

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

Filed for Record at request of ..... A. D. 190..., at ..... min. past ..... o'olock ..... M.

..... Recorder.

By ..... Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Charles Achtermann
AN ALLEGED INSANE PERSON.

To the Hon. F. J. Nilon *Judge of the Superior Court of the County of* Nevada

The petition of T. H. Waters respectfully shows:

1. That he is a resident of ~~the~~ Nevada City ~~of~~, in the county of Nevada and is (if petition is made by a public officer, so state, and of what county, city or town) Deputy Sheriff Nevada Co

2. That he is (if petition is made by a friend, so state; if by a relative, state relationship) None of , the alleged insane person.

3. That the said alleged insane person resides or now is at the ~~house of~~ Insane Ward of County Jail ~~use~~ at Nevada City, county of Nevada

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to him which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said Charles Achtermann talks and acts in an irrational manner. Says that he will kill a certain Foreman if he does not give him work. Imagines that he is being persecuted by ~~a~~ secret organization who are preventing him from obtaining employment

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing ~~his~~ commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing him to the Stockton State Hospital.
(It is essential that the official title of the institution should be correctly inserted.)

Dated June 21st, 1901. T. H. Waters

~~No~~ Street.
Nevada City
County of Nevada
(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

T. H. Waters, being duly sworn, deposes and says that he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters he believes it to be true.

T. H. Waters
(Petitioner's signature.)

Subscribed and sworn to before me, this 21st day of June, 1901.
F. L. Ambrozich
County Clerk.

Certificate of Judge Relating to Personal Service.

Before the Hon. F. J. Nilon, Judge of the Superior Court of Nevada County,
on the 21st day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Charles Achtermann
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: Said Achtermann has no relatives in Nevada Co., Cal.

F. J. Nilon
Judge of the Superior Court of Nevada Co., Cal.

14

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of ...Nevada... } ss.

STATEMENT OF FACTS.

1. Name ...Charles Achtermann... Patient resides at ...Nevada City..., County of ...Nevada...;
Age, ...52... years, Nativity, ...Germany...; If foreign born, how long in United States ...Twenty Five Years...
How long in California, ...Twenty Five Yrs, Sex, ...Male...; Color, ...White...; Occupation ...Laborer...
Religious belief, ...Dont Know...; Education (~~illiterate~~, ~~reads only~~, common school, ~~academic, collegiate, or unknown~~);
(Strike out words not required.)
Civil condition (single, ~~married, widowed, divorced~~); if female and married, give maiden name, ...
(Strike out words not required.)
number of children living ...—...; dead ...—...

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? ...Dont Know...

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? ...Dont Know...; if so, how, ...—.....

.....

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? ...Dont Know.....

4. Which parent does the patient resemble mentally, ...Dont Know...; physically, ...Dont Know...; Habits of patients (cleanly or uncleanly) ...Uncleanly...; (*a*) What degree of intelligence does ... he possess in comparison with other members of the family, ...Dont Know...; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? ...Dont Know...; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? ...Dont Know... if so, for how long? .....; (*d*) Has the patient ever had convulsions? ...Dont Know...; if so, when did ... he have the first one; .....; when the last one? .....; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? ...Dont Know...; (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, ...Dont Know...; (*g*) What is the patient's natural disposition, or temperament and mental capacity? ...Dont Know.....

5. Has the patient insane relatives? ...Dont Know..., if so, state the degree of consanguinity, whether paternal or maternal, ...

.....

6. Has the patient any peculiarities of temper or disposition, making h~~i~~m different from other members of the family? ...Dont Know.....

.....

7. What is the patient's general physical condition? ...Good.....

8. Specify any disease of which patient has suffered or does suffer, or any injury received, ...Dont Know.....

9. Has the patient ever been an inmate of an institution for the insane? ...Yes...; if so, state when, ...1899...; Where, ...Pueblo, Colorado...; How long an inmate, ...Six Months...; Whether discharged recovered or otherwise, ...Dont Know..... (*a*) Number of previous attacks, ...Dont Know..... (*b*) Date of previous attacks, ...About Two Years ago...; (*c*) Length of time each previous attack lasted, ...About Six Months

10. Present attack began ...Dont Know...; (*a*) Was the present attack gradual or rapid in its onset? ...Dont Know..... (*b*) When was any change in h~~is~~ habits, conversation or mode of living first noticed? ...June 14th 1901..... (*c*) Give progress of development of the disease from date of first manifestation to present time, ...About Same as Start.....

11. Is the patient noisy, restless, violent, dangerous, destructive, ~~incendiary,~~ excited ~~or depressed~~, homicidal ~~or suicidal~~? (If either homicide or suicide has been attempted or threatened, it should be so stated) ...Threatened to Kill a Foreman if he did not give him work.....

12. Age when menses appeared, ...; (*a*) Amount and character before insanity appeared, ...; (*b*) Since insanity appeared, ...

(*c*) Has menstruation been painful? ...; Is it now painful? .....

13. Has the change of life taken place? ...; (*a*) Was it gradual or sudden? .....

(*b*) Give symptoms, ...

(*c*) How changed from normal, ...; (*d*) Memory, ...; (*e*) Sleep, ...

(*f*) Headache or neuralgia, ...; (*g*) Constipation or indigestion, ...

14. What is the supposed cause of insanity?—Predisposing, ...Dont Know.....
Exciting, ...Dont Know.....

We, ...R. M. Hurst M. D...., a legal resident of ...Nevada City... County of ...Nevada... State of California, and ...C. L. Mullen..., a legal resident of ...Nevada City... County of ...Nevada... and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the ...21st... day of ...June... 1901 ...Charles Achtermann... now residing or being at ...Insane Ward County Jail... in the County of ...Nevada..., and as a result of such joint examination find, and hereby certify to the fact, that ...he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners).....
Said that he had been persecuted secretly, and being prevented from obtaining work.

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner).....
acted and talked as an Insane Person

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health).... Don't Know

Illusions..... None

Hallucinations (whether of sight, hearing, taste or smell) ..... None

Delusions (character of; are they fixed or changeable),..... Fixed

(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not).....
None

(*b*) Whether patient has been restrained by muff, belt or otherwise, ... None except being locked up

DIAGNOSIS,..... Mono Mania

Name and address of correspondent,..... D. B. Getchell Sheriff Nevada Co. Cal

Telegraphic address,.....

Relationship of correspondent to patient,..... None

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

R M Hunt M, D.

C L Muller M. D.

Severally subscribed and sworn to before me, this 21st day of June 1901.

F K Ashbaugh
County Clerk

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....
and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....
....., at the.....of.....
on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:
.....of.....
.....of.....

Judge of the Superior Court of.....

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Charles Achterman
AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of J. H. Waters for an order of commitment of the said person to an institution for the custody and treatment of the insane on the .....day of ..... and testimony having been taken as required by law, I do hereby decide that the said ..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the .....day of....., 190....

.....

Judge of the Superior Court of.....

ORDER OF COMMITMENT

Before the Hon F. T. Nilon, Judge of the Superior Court, County of Nevada, on the 21st day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Charles Achterman
AN ALLEGED INSANE PERSON.

Upon the petition of J. H. Waters, dated June 21, 1901 and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the 21st day of June 1901 and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said Charles Achterman be and hereby is adjudged insane, and that he be committed to Stockton State Hospital an institution for the custody and treatment of the insane.
(*Insert, correctly, official title of institution.*)

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for his maintenance. (*See Section....*)

Said Achterman has no means whatever. I cannot find that he has relatives in this State.

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

Filed for Record at request of ..... A. D. 190...., at .....min. past .....o'olock.....M.

.....Recorder.

By .....Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Robert Penter
AN ALLEGED INSANE PERSON.

To the Hon. F. T. Nilon Judge of the Superior Court of the County of Nevada.

The petition of T. H. Waters respectfully shows:

1. That he is a resident of ~~the~~ of Nevada City, in the county of Nevada and is (if petition is made by a public officer, so state, and of what county, city or town) a Deputy Sheriff.

2. That he is (if petition is made by a friend, so state; if by a relative, state relationship) none of , the alleged insane person.

3. That the said alleged insane person resides or now is at the ~~house of~~ Insane Ward of County Jail at Nevada City, county of Nevada.

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to h.m. which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said Robert Penter talks and acts in an irrational manner. Imagines that people are following him to do him bodily harm.

5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing h.m. commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing h.m. to the Stockton State Hospital at Stockton Cal.
(It is essential that the official title of the institution should be correctly inserted.)

Dated June 21st, 1901.

T. H. Waters

~~No.~~ , Street.
Nevada City
County of Nevada
(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

T. H. Waters, being duly sworn, deposes and says that he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters he believes it to be true.

T. H. Waters
(Petitioner's signature.)

Subscribed and sworn to before me, this 21st day of June, 1901.

T. L. Ashworth
County Clerk

Certificate of Judge Relating to Personal Service.

Before the Hon. F. T. Nilon, Judge of the Superior Court of Nevada County, on the 21st day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Robert Penter
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: Said Penter has no relatives in Nevada County, Cal.

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of Nevada } ss.

STATEMENT OF FACTS.

1. Name Robert Penters ; Patient ~~resides at~~ brought here from Truckee County of Nevada ;
Age, 49 years, Nativity, California ; If foreign born, how long in United States .....
How long in California, ... ; Sex, male ; Color, White ; Occupation ~~Farm Hand~~ Laborer
Religious belief, Dont Know ; Education (~~illiterate, reads only, common school, academic, collegiate, or~~ unknown);
(Strike out words not required.)
Civil condition (single, ~~married, widowed, divorced~~); if female and married, give maiden name, ...
(Strike out words not required.)
number of children living ..... ; dead .....

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? Dont Know

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? Dont Know ; if so, how, ...

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? Dont Know

4. Which parent does the patient resemble mentally, Dont Know ; physically, Dont Know ; Habits of patients (cleanly or uncleanly) Uncleanly ; (*a*) What degree of intelligence does he possess in comparison with other members of the family, Dont Know ; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? Dont Know ; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? Dont Know if so, for how long? Dont Know ; (*d*) Has the patient ever had convulsions? Dont Know ; if so, when did he have the first one; ..... ; when the last one? ..... ; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? Dont Know ; (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, Uses to Excess ; (*g*) What is the patient's natural disposition, or temperament and mental capacity? Dont Know

5. Has the patient insane relatives? Dont Know , if so, state the degree of consanguinity, whether paternal or maternal, ...

6. Has the patient any peculiarities of temper or disposition, making h... different from other members of the family? .....
Dont Know

7. What is the patient's general physical condition? Good

8. Specify any disease of which patient has suffered or does suffer, or any injury received, Dont Know

9. Has the patient ever been an inmate of an institution for the insane? Dont Know ; if so, state when, ... ;
Where, ... ; How long an inmate, ... ; Whether discharged recovered or otherwise, ... (*a*) Number of previous attacks, ...
(*b*) Date of previous attacks, ... ; (*c*) Length of time each previous attack lasted, ...

10. Present attack began about one Months ago ; (*a*) Was the present attack gradual or rapid in its onset? Dont Know
(*b*) When was any change in ~~his~~ habits, conversation or mode of living first noticed? Dont Know
(*c*) Give progress of development of the disease from date of first manifestation to present time, Increasing

11. Is the patient ~~noisy,~~ restless, violent, dangerous, destructive, ~~incendiary,~~ excited ~~or depressed,~~ homicidal ~~or suicidal~~? (If either homicide or suicide has been attempted or threatened, it should be so stated) Tried to hit a man with fire Iron

12. Age when menses appeared, ... ; (*a*) Amount and character before insanity appeared, ...
..... ; (*b*) Since insanity appeared, ...
(*c*) Has menstruation been painful? ..... ; Is it now painful? .....

13. Has the change of life taken place? ..... ; (*a*) Was it gradual or sudden? .....
(*b*) Give symptoms, ...
(*c*) How changed from normal, ... ; (*d*) Memory, ... ; (*e*) Sleep, ...
(*f*) Headache or neuralgia, ... ; (*g*) Constipation or indigestion, ...

14. What is the supposed cause of insanity?—Predisposing, Dont Know
Exciting, Dont Know

We, R. M. Hunt , a legal resident of Nevada City County of Nevada
State of California, and O. L. Muller , a legal resident of Nevada City County of Nevada
and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the 24th day of June 1901
Robert Penters now residing or being at Insane Ward County Jail
in the County of Nevada , and as a result of such joint examination find, and hereby certify to the fact, that he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners)..... Said that he was being possessed by Cattle men who were trying to Kill him

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner)..... Nothing except acted and appeared as an insane man

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health)..... He was all indications and appearance of an insane man

Illusions... None

Hallucinations (whether of sight, hearing, taste or smell) ... None

Delusions (character of; are they fixed or changeable), ... Fixed. Believes he hears people talking and plotting against him

(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not)..... Ascedities & Tonic

(*b*) Whether patient has been restrained by muff, belt or otherwise, ... No

DIAGNOSIS,.... Mono Mania

Name and address of correspondent,..... George Penter La Trobe Annador Co. Cal

Telegraphic address,..... George Penter La Trobe Annador Co. Cal

Relationship of correspondent to patient,... Brother

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

B M Hunt M, D.

C. L. Mullen M. D.

Severally subscribed and sworn to before me, this 21st day of January 1901

F. L. Arbogast

County Clerk

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....

and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....

....., at the.....of.....

on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:

.....of.....

.....of.....

.....

Judge of the Superior Court of.....

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of.....for an order of commitment of the said person to an institution for the custody and treatment of the insane on the.....day of..... and testimony having been taken as required by law, I do hereby decide that the said..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the.....day of....., 190....

.....

Judge of the Superior Court of.....

ORDER OF COMMITMENT

Before the Hon. F. J. Nilon, Judge of the Superior Court, County of Nevada on the 21st day of June, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Robert Penter
AN ALLEGED INSANE PERSON.

Upon the petition of J. H. Waters, dated June 21, 1901 and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the 21st day of June 1901 and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said Robert Penter be and hereby is adjudged insane, and that he be committed to Stockton State Hospital (*Insert, correctly, official title of institution.*) an institution for the custody and treatment of the insane.

F. J. Nilon
Judge of the Superior Court of Nevada Co., Cal.

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for h[illegible] maintenance. (*See Section....*)

Said Robert Penter has no means. I know nothing of his relatives, but judge them to be poor.

F. J. Nilon
Judge of the Superior Court of Nevada Co., Cal.

Filed for Record at request of..... A. D. 190...., at.....min. past.....o'olock.....M.

.....Recorder.

By.....Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Mrs. Maria Swanson
AN ALLEGED INSANE PERSON.

To the Hon. F. T. Nilon Judge of the Superior Court of the County of Nevada.

The petition of Christine Nelson respectfully shows:

1. That She is a resident of the Town of Truckee, in the county of Nevada

and ~~is (if petition is made by a public officer, so state, and of what county, city or town)~~

2. That She is (if petition is made by a friend, so state; if by a relative, state relationship) a sister of Mrs. Maria Swanson, the alleged insane person.

3. That the said alleged insane person ~~resides or~~ now is at the ~~house of~~ Union Hotel, Nevada City, California, ~~at~~ temporarily, ~~county of~~

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to her which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

Said Maria Swanson talks and acts in an irrational manner. She imagines her food is poisoned and refuses to eat anything the others of the family do not partake of. She gets very excited in conversation with members of her family.

5. That She verily believes it to be for the best interests of the said alleged insane person that an order be granted directing her commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing her to Napa State Hospital
(It is essential that the official title of the institution should be correctly inserted.)

Dated July 1st, 1901.

Christine Nelson

~~No~~ ~~Street~~.
Truckee,
County of Nevada
(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of Nevada } ss.

Christine Nelson, being duly sworn, deposes and says that She has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters She believes it to be true.

Christine Nelson
(Petitioner's signature.)

Subscribed and sworn to before me, this 1st day of July, 1901.

F. T. Nilon
Judge of the Superior Court, Nevada Co., Cal.

Certificate of Judge Relating to Personal Service.

Before the Hon. F. T. Nilon, Judge of the Superior Court of Nevada County, on the 1st day of July, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Mrs. Maria Swanson
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: The petition for the commitment of said Maria Swanson is made by her sister with the consent of the others of her family.

F. T. Nilon
Judge of the Superior Court of Nevada Co., Cal.

22

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of Nevada } ss.

STATEMENT OF FACTS.

1. Name Mrs. Maria Swanson, Patient resides at Truckee, County of Nevada;
Age, 39 years, Nativity, Sweeden; If foreign born, how long in United States, 11 years
How long in California, 10 years; Sex, Female; Color, White; Occupation Housewife;
Religious belief, Protestant; Education (~~illiterate, reads only~~, common school, ~~academic, collegiate, or unknown~~);
(Strike out words not required.)
Civil condition ~~(single,~~ married, ~~widowed, divorced~~); if female and married, give maiden name, Maiden Name Maria Nelson
(Strike out words not required.)
number of children living Two; dead None

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? Father

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? One Uncle; if so, how, Insane 15 years ago in Sweeden Now Mentally feeble & must be watched.

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? No.

4. Which parent does the patient resemble mentally, Mother; physically, Mother; Habits of patients (cleanly or uncleanly) Cleanly; (*a*) What degree of intelligence does she possess in comparison with other members of the family, About the same; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? No; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? No.
if so, for how long? ; (*d*) Has the patient ever had convulsions? Yes; if so, when did she have the first one; Do not know except for last 18 yrs when the last one? 3 days ago; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? Dont Know (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, Dont Know; (*g*) What is the patient's natural disposition, or temperament and mental capacity? Quiet

5. Has the patient insane relatives? Yes, if so, state the degree of consanguinity, whether paternal or maternal, One Uncle Fathers Side

6. Has the patient any peculiarities of temper or disposition, making her different from other members of the family? No

7. What is the patient's general physical condition? Good

8. Specify any disease of which patient has suffered or does suffer, or any injury received, None

9. Has the patient ever been an inmate of an institution for the insane? Yes; if so, state when, Sept 1899;
Where, Napa Cal; How long an inmate, until May 17 1900 Whether discharged recovered or otherwise, Discharged, Improved (*a*) Number of previous attacks, One
(*b*) Date of previous attacks, Sept 1899; (*c*) Length of time each previous attack lasted, until present Time

10. Present attack began Never recovered from attack Sept 1899; (*a*) Was the present attack gradual or rapid in its onset? Gradual
(*b*) When was any change in her habits, conversation or mode of living first noticed? Dont Know
(*c*) Give progress of development of the disease from date of first manifestation to present time, Gradually Increasing

11. Is the patient noisy, restless, violent, ~~dangerous~~, destructive, incendiary, excited or ~~depressed, homicidal or suicidal~~? (If either homicide or suicide has been attempted or threatened, it should be so stated)

12. Age when menses appeared, Dont Know; (*a*) Amount and character before insanity appeared, Dont Know;
(*b*) Since insanity appeared,
(*c*) Has menstruation been painful? ; Is it now painful? —

13. Has the change of life taken place? No; (*a*) Was it gradual or sudden? —
(*b*) Give symptoms, —
(*c*) How changed from normal, ; (*d*) Memory, ; (*e*) Sleep,
(*f*) Headache or neuralgia, ; (*g*) Constipation or indigestion,

14. What is the supposed cause of insanity?—Predisposing, Epilepsy
Exciting, Perpetual

We, R. M. Hunt M. D., a legal resident of Nevada City County of Nevada
State of California, and E. Jamieson M. D., a legal resident of Grass Valley County of Nevada
and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the 1st day of July 1901
Mrs. Maria Swanson now residing or being at Insane Ward County Jail
in the County of Nevada, and as a result of such joint examination find, and hereby certify to the fact, that She is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

3. I have formed the above opinion upon the subjoined facts:

(*a*) Facts indicating insanity, personally observed by me, as follows: The patient said (state what the patient said, if anything, in presence of the examiners).....
Nothing. Appearance and Manner of Insane person.

(*b*) The patient (state what the patient did in the presence of the examiners, and also describe his or her appearance and manner).....

(*c*) Other facts indicating insanity, including those communicated to me by others, as follows: (State what, if any, significant change there has been in the patient's disposition, mental condition, business or social habits, or bodily health).....

Illusions.....None.....

Hallucinations (whether of sight, hearing, taste or smell) .....None.....

Delusions (character of; are they fixed or changeable),.....Fixed.....

(*a*) What treatment has been pursued (state remedies given, and whether given hypodermically or not).....None.....

(*b*) Whether patient has been restrained by muff, belt or otherwise,.....No.....

DIAGNOSIS,.....Monomania.....

Name and address of correspondent,.....Elof. Swanson Truckee Cal.....

Telegraphic address,.....Elof Swanson Truckee Cal.....

Relationship of correspondent to patient,.....Husband.....

4. That the facts stated and information contained in this certificate are true to the best of my knowledge and belief.

.....C. Jamison.....M, D.

.....W M Hunt.....M. D.

Severally subscribed and sworn to before me, this.....1st.....day of.....July.....190.1....

.....T. L. Asboyast.....

.....County Clerk Nev. Co. Cal.....

ORDER OF HEARING.

If a hearing before a Judge or Referee be granted upon the demand of a relative or near friend of the alleged insane person, or upon the motion of the Judge, the following form should be used, otherwise it should be omitted.

Before the Hon....., Judge of the Superior Court, County of.....

on the.....day of.....190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

An application for an order of commitment of the above alleged insane person, based upon the petition of.....

and upon a certificate of lunacy dated....., 190...., having been made, and (state degree of relationship, or, if none, name of near friend).....having demanded a hearing upon such application, it is hereby

ORDERED, That a hearing on such application for an order of commitment of the above alleged insane person be had before.....

....., at the.....of.....

on the.....day of.....190...., at.....M, at which time testimony shall be heard touching the alleged insanity of the aforesaid person.

And that this order be served upon....., the petitioner, and the following named persons:

.....of.....

.....of.....

.....

Judge of the Superior Court of.....

DECISION OF JUDGE

To be used only if a hearing is had.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF

.....

AN ALLEGED INSANE PERSON.

A hearing having been had upon the application of.....for an order of commitment of the said person to an institution for the custody and treatment of the insane on the.....day of..... and testimony having been taken as required by law, I do hereby decide that the said..... is insane and should be committed to an institution for the custody and treatment of the insane.

Dated the.....day of....., 190....

.....

Judge of the Superior Court of.....

ORDER OF COMMITMENT

Before the Hon. F. T. Nilon, Judge of the Superior Court, County of Nevada on the 1st day of July, 1901.

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF

Mrs Maria Swanson

AN ALLEGED INSANE PERSON.

Upon the petition of Christine Nelsen, dated July 1st, 1901 and a certificate of lunacy made by two duly qualified medical examiners in lunacy, which certificate is dated on the 1st day of July 1901 and which is annexed hereto, and upon such other facts and information as were produced before me (or a Referee appointed by me) at a hearing duly had, and being satisfied that the above alleged insane person is insane and a proper subject for custody and treatment in an institution for the insane within the meaning of the Statute, it is therefore hereby

ORDERED, that the said Mrs Maria Swanson be and hereby is adjudged insane, and that She be committed to Napa State Hospital an institution for the custody and treatment of the insane.
(*Insert, correctly, official title of institution.*)

F. T. Nilon

Judge of the Superior Court of Nevada Co., Cal.

STATEMENT OF FINANCIAL CONDITION OF INSANE PERSON.

If the order of commitment be directed to a State Hospital, the Statute requires that the Judge shall append a statement, as far as can be ascertained, of the financial condition of the insane person and of the persons legally liable for h....maintenance. (See Section....)

Said Mrs Maria Swanson has not, nor have her relatives, the financial ability to bear the expense of her maintenance at a State hospital.

F. T. Nilon

Judge of the Superior Court of Nevada Co., Cal.

Filed for Record at request of.....A. D. 190...., at.....min. past.....o'olock.....M.

.....Recorder.

By.....Deputy.

PETITION

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
Barney Donley
AN ALLEGED INSANE PERSON.

To the Hon.....Judge of the Superior Court of the County of.....

The petition of.....respectfully shows:

1. That... he is a resident of the.....of....., in the county of.....

and is (if petition is made by a public officer, so state, and of what county, city or town) .....

2. That .. he is (if petition is made by a friend, so state; if by a relative, state relationship).....

of..... , the alleged insane person.

3. That the said alleged insane person resides or now is at the house of.....

at ..... , county of.....

4. That the facts upon which the application is based are as follows: (The petitioner should state any facts observed by or any information known to h..... which would tend to show the existence of insanity, such as excitement, violence, despondency, irrational acts and declarations, etc.)

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5. That he verily believes it to be for the best interests of the said alleged insane person that an order be granted directing h....commitment to an institution for the insane.

Wherefore, upon the foregoing facts, and the certificate of lunacy hereto annexed, your petitioner prays that an order be granted adjudging the alleged insane person to be insane and committing h.....to..... .....

(It is essential that the official title of the institution should be correctly inserted.)

Dated....., 190....

.....

No.....Street.

.....

County of.....

(Petitioner's signature and address.)

STATE OF CALIFORNIA,
County of..... } *ss.*

....., being duly sworn, deposes and says that... he has read the foregoing petition and knows the contents thereof, and that the same is true to the knowledge of deponent, except as to the matters therein stated to be alleged on information and belief, and as to those matters....he believes it to be true.

.....

(Petitioner's signature.)

Subscribed and sworn to before me, this..... .....day of....., 190....

.....

.....

Certificate of Judge Relating to Personal Service.

Before the Hon....., Judge of the Superior Court of.....County, on the.....day of..... .., 190....

IN THE MATTER
—OF—
AN APPLICATION FOR THE COMMITMENT OF
.....
AN ALLEGED INSANE PERSON.

I do hereby certify that I have dispensed with personal service, or that I have directed substitute service, as provided by law, upon the person hereinafter named, for the following reasons: .....

.....

.....

.....

.....

Judge of the Superior Court of .....

CERTIFICATE OF LUNACY.

The following must be filled out by two Medical Examiners, qualified according to Section .....

STATE OF CALIFORNIA,
County of ..... } *ss.*

STATEMENT OF FACTS.

1. Name ..... ; Patient resides at ....., County of ..... ;

Age, ... years, Nativity, ... ; If foreign born, how long in United States .....

How long in California, ... ; Sex, ... ; Color, ... ; Occupation .....

Religious belief, ... ; Education (illiterate, reads only, common school, academic, collegiate, or unknown); *(Strike out words not required.)*

Civil condition (single, married, widowed, divorced); if female and married, give maiden name, ... *(Strike out words not required.)*

number of children living ..... ; dead .....

2. Has either parent been addicted to the use of opium, cocaine, tobacco, or alcoholic beverages to excess, or other stimulating narcotics? .....

3. Have any relatives been eccentric or peculiar in any way in their habits or pursuits? ..... ; if so, how, ...

.....

Have any relatives, direct or collateral, suffered or are they suffering from any form of chronic disease, such as consumption or tuberculosis, syphilis, rheumatism, neuralgia, hysteria or nervousness, or had epilepsy or falling sickness? .....

4. Which parent does the patient resemble mentally, ... ; physically, ... ; Habits of patients (cleanly or uncleanly) ..... ; (*a*) What degree of intelligence does ... he possess in comparison with other members of the family, ... ; (*b*) Has the patient normally any eccentricity or peculiarity in manner, speech or action? ..... ; (*c*) Has the patient ever been addicted to masturbation or sexual excesses? ..... if so, for how long? ..... ; (*d*) Has the patient ever had convulsions? ..... ; if so, when did .... he have the first one; ..... ; when the last one? ..... ; (*e*) Had the patient any severe disease, accompanied by prolonged high temperature or convulsions during the first two years of life, or afterwards? ..... ; (*f*) State the patient's habits as to the use of liquor, tobacco, opium or other drugs, and whether excessive or moderate, ... ; (*g*) What is the patient's natural disposition, or temperament and mental capacity? .....

5. Has the patient insane relatives? ....., if so, state the degree of consanguinity, whether paternal or maternal, ...

.....

6. Has the patient any peculiarities of temper or disposition, making h .... different from other members of the family? .....

.....

7. What is the patient's general physical condition? .....

8. Specify any disease of which patient has suffered or does suffer, or any injury received, ...

9. Has the patient ever been an inmate of an institution for the insane? ..... ; if so, state when, ... ; Where, ... ; How long an inmate, ... ; Whether discharged recovered or otherwise, ... (*a*) Number of previous attacks, ... (*b*) Date of previous attacks, ... ; (*c*) Length of time each previous attack lasted, ...

10. Present attack began ..... ; (*a*) Was the present attack gradual or rapid in its onset? .....

(*b*) When was any change in h ... habits, conversation or mode of living first noticed? .....

(*c*) Give progress of development of the disease from date of first manifestation to present time, ...

11. Is the patient noisy, restless, violent, dangerous, destructive, incendiary, excited or depressed, homicidal or suicidal? (If either homicide or suicide has been attempted or threatened, it should be so stated) .....

.....

12. Age when menses appeared, ... ; (*a*) Amount and character before insanity appeared, ...

..... ; (*b*) Since insanity appeared, ...

(*c*) Has menstruation been painful? ..... ; Is it now painful? .....

13. Has the change of life taken place? ..... ; (*a*) Was it gradual or sudden? .....

(*b*) Give symptoms, ...

(*c*) How changed from normal, ... ; (*d*) Memory, ... ; (*e*) Sleep, ...

(*f*) Headache or neuralgia, ... ; (*g*) Constipation or indigestion, ...

14. What is the supposed cause of insanity?—Predisposing, ...

Exciting, ...

We, ..., a legal resident of ..... County of ..... State of California, and ....., a legal resident of ..... County of ..... and State aforesaid, being severally and duly sworn, do severally certify, and each for himself certifies, with the exceptions which are hereinafter noted, as follows:

1. I am a graduate of an incorporated medical college, and a qualified medical examiner in lunacy; a certificate of my qualifications as such examiner, or a certified copy thereof, is on file in the office of the State Commission of Lunacy, and I have received from its Secretary an acknowledgment of the receipt of the same.

2. I have with care and diligence personally observed and examined, on the date of this certificate, namely: on the ..... day of ..... 190.. ....., ... now residing or being at ..... in the County of ..... , and as a result of such joint examination find, and hereby certify to the fact, that .... he is insane and a proper subject for custody and treatment in some institution for the insane, as an insane person under the provisions of the Statute.

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